

SMOKE-FREE WORKPLACE COMPLAINT FORM

For Office Use Only

VIOLATION # _____

COMPLAINT # _____

Check all that apply:

☐ HOTLINE

☐ E-MAIL

☐ TELEPHONE CALL AT DESK

☐ DUPLICATE

DATE OF COMPLAINT:

BUSINESS NAME:

ADDRESS:

CITY:

STATE: CA

ZIP:

PHONE NUMBER:

OWNER'S NAME:

COMPLAINT:

REGION:

☐ North Coastal

☐ Central

☐ North Inland

☐ East

☐ North Central

☐ South

TYPE OF FACILITY:

☐ Stand Alone Bar/Night Club

☐ Hotel with Bar Area

☐ Restaurant with Bar Area

☐ Worksite

☐ Bingo Hall

☐ Recreational Facility with Bar Area (billiards, bowling)

☐ Cigar Lounge with Bar

☐ Non Indian Gaming Hall

INFORMATION VERIFIED BY:

☐ Telephone Book

☐ ABC Listing

☐ Information

☐ Other _____

COMMENTS: